

TRIPPLICATE

VTOF4022 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4741))		Docket Number (Optional) 9/400-5-C5	
Application Number 10/828,790		Filed April 21, 2004	
For Dermatomycoasis Vaccine		Examiner Minniwind, Nita M.	
Art Unit 1645			

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1680	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2180	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2036 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number U2 2955. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO 2036.

I am the ☐ applicant/inventor;
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form P/O/SB/96).
☒ attorney or agent of record. Registration Number 45,016
☐ attorney or agent under 37 CFR 1.34.
 Registration number if acting under 37 CFR 1.34 _____

Susan K. Pochiar April 5, 2005
 Signature Date
Susan K. Pochiar (203) 798-5648
 Typed or printed name Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. The extension is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. (See toll free number 1-800-451-5293 for more information.) Any comments on the amount of time you require to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-4119 and select option 2.



Fee History Query

Revenue Accounting and Management

Name/Number: 10828790

Total Records Found: 3

Start Date: Any Date

End Date: Any Date

Accounting Date	Sequence Num.	Tran Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
04/23/2004	00000019	<u>1</u>	<u>1001</u>	\$770.00	04/21/2004	DA 022955
09/13/2004	00000592		<u>8021</u>	\$40.00	09/08/2004	DA 022955
04/12/2005	00000002	<u>1</u>	<u>1253</u>	\$1,020.00	04/05/2005	DA 022955
